



DEPARTMENT OF INSURANCE
STATE OF NORTH DAKOTA

Glenn Pomeroy
Commissioner of Insurance

BULLETIN 93-2

TO: All Companies Writing Accident and Health Insurance Coverage

FROM: Glenn Pomeroy, Commissioner *GP*

DATE: June 4, 1993

SUBJECT: Survey of 1992 Accident and Health Experience

Enclosed is a request for information form. The North Dakota Legislative Assembly established a new small employer insurance program this session (House Bill No. 1504). One of the requirements under this legislation is to collect data on small employer group policies. This information will be used to establish the assessments necessary to fund the reinsurance pool, as stipulated in the legislation.

In addition to the small employer information, the Department requests similar data for other policy categories. This information will be utilized for other public policy projects underway.

The data requested pertains to 1992 year-end figures for accident and health insurance for the State of North Dakota only. If your company does not have accident and health business in North Dakota, please return this form marked "NONE". If your company only reinsures accident and health business in North Dakota, please return this form marked "REINSURANCE ONLY".

Thank you for your assistance. Please return the data to the North Dakota Insurance Department by June 21, 1993. If questions arise, contact Vance Magnuson at 224-4977.

GP/njb
Enclosure

1992 ACCIDENT & HEALTH EXPERIENCE FOR NORTH DAKOTA

COMPANY _____
CONTACT PERSON _____

NAIC CO. CODE NO. _____
TELEPHONE NO. _____

SECTION 1--SMALL EMPLOYER GROUP COVERAGE ONLY*

as of 12/31/92

	Written Premium	Earned Premium	Claims Paid	Claims Incurred	No. of Groups	No. of Enrollees
Group	_____	_____	_____	_____	_____	_____
Individual	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

* Small employer is defined as "any person actively engaged in business, that on at least fifty percent of its working days during the proceeding calendar quarter, employed at least 3 but no more than 25 eligible employees, the majority of whom were employed within this state. In determining the number of eligible employees, companies that are affiliated companies, or that are eligible to file a combined tax return for purposes of state taxation, must be considered one employer".

SECTION 2--OTHER TYPES OF COVERAGE

as of 12/31/92

	Written Premium	Earned Premium	Claims Paid	Claims Incurred	No. of Policies/ Certif.	No. of Insured Lives**
ACCIDENT/ACCIDENTAL DEATH/DISABILITY						
Group	_____	_____	_____	_____	_____	_____
Individual	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____
CANCER/SPECIFIED DISEASE						
Group	_____	_____	_____	_____	_____	_____
Individual	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

as of 12/31/92

	Written Premium	Earned Premium	Claims Paid	Claims Incurred	No. of Policies/ Certif.	No. of Insured Lives**
CHAMPUS SUPPLEMENT						
Group						
Individual						
Total						
CREDIT ACCIDENT & HEALTH						
Group						
Individual						
Total						
DENTAL						
Group						
Individual						
Total						
DISABILITY INCOME						
Group						
Individual						
Total						
EXCESS OR STOP-LOSS						
Group						
Individual						
Total						
HOSPITAL INDEMNITY						
Group						
Individual						
Total						

as of 12/31/92

	Written Premium	Earned Premium	Claims Paid	Claims Incurred	No. of Policies/ Certif.	No. of Insured Lives**

HOSPITAL/SURGICAL EXPENSE						
Group	_____	_____	_____	_____	_____	_____
Individual	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

LONG-TERM CARE (INCLUDING HOME HEALTH CARE)						
Group	_____	_____	_____	_____	_____	_____
Individual	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

MAJOR MEDICAL						
Group	_____	_____	_____	_____	_____	_____
Individual	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

MEDICARE SUPPLEMENT						
Group	_____	_____	_____	_____	_____	_____
Individual	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

VISION						
Group	_____	_____	_____	_____	_____	_____
Individual	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

MISCELLANEOUS ACCIDENT & HEALTH						
Group	_____	_____	_____	_____	_____	_____
Individual	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

GRAND TOTAL***	_____	_____	_____	_____	_____	_____

INCLUDE DEPENDENTS WHEN DETERMINING LIVES INSURED
 SHOULD EQUAL THE ANNUAL STATEMENT STATE PAGE FIGURES